

**California Department of Mental Health  
MHSA State Interagency Partners' Meeting Highlights  
Wednesday, September 8, 2010  
Host: Board of Behavioral Sciences**

**Agencies**

Administrative Office of the Courts  
Board of Behavioral Sciences  
California Community Colleges  
California Department of Aging  
California Department of Education – LSPD

California Department of Education – SED  
California Department of Veterans Affairs  
California Mental Health Planning Council  
California National Guard  
California State Library  
Department of Alcohol and Drugs Programs  
Department of Developmental Services

Department of Health Care Services  
Department Mental Health

Department of Rehabilitation  
Department of Social Services  
Managed Risk Medical Insurance Board  
Mental Health Services Oversight and  
Accountability Commission  
Office of Statewide Health planning and  
Development (OSHDP)  
OSHDP – Foundation

**Attendees**

Michael Roosevelt  
Christy Berger  
Betsy Sheldon  
Lin Benjamin  
Monica Nepomuceno, David  
Kopperud, Barbara Pomerantz  
Michelle Hendricks  
Christopher Colbet  
Andi Murphy  
Darc Keller  
Peggy Fish  
Darien De Lu, Kevin Furey  
Joey Fletcher, Renée Carnes,  
Andrew Cavagnaro  
Lois Williams, Pauline Chan  
Inna Tysoe, Sandra Black, Diane  
Stidger, Claire Sallee, Silvia  
Rodriguez, Cielo Avalos, Erika  
Cristo, Jamilah Bridges, John  
Lessley, Mark Heilman, Sean Tracy,  
Zoey Todd, Theresa Ly, Debbie  
Manas, Jennifer Ramel  
Cheryl Adams  
Kathy Spring  
Juanita Vaca  
Janna Lowder  
  
Konder Chung, Manuela Lachica,  
Andre' Hayes  
Judy Melson, Margarita Miranda,  
Dennis Stettner, Linda Onstad-  
Adkins

**1. Welcome & Introductions:**

Sean welcomed the group and thanked the Board of Behavioral Sciences for hosting and presenting. He noted that Health Care Reform will have a huge impact upon the Mental Health Services Act (MHSA) Partners' work and that a strong and vibrant workforce will be needed to meet increased demand.

**2. MHSA Business:**

Debbie reminded Department Representatives of the following:

- Debbie thanked those who submitted their 2010-2011 Work Plans and 2010-2011 Progress Reports;

- There are still a few outstanding Progress Reports and Work Plans that need to be submitted;
- Sean emphasized the need to demonstrate the good work being done with MHSA funds; therefore, please acknowledge MHSA funds in work products, meeting brochures, resource guides and reports. Sample Language for Acknowledgement: This [newsletter/flyer/event, etc] is funded by the Mental Health Services Act (MHSA) in partnership with the California Department of Mental Health;
- Please review the roster and send any updates to: [Debbie.manas@dmh.ca.gov](mailto:Debbie.manas@dmh.ca.gov);
- The new Community Services Division brochure was distributed;
- Darian De Lu mentioned that her DMH liaison has been an excellent assistance on assisting her with her work plan; Lin Benjamin reported that she has a monthly conference call with her DMH liaison, which is very helpful;
- Sean encouraged liaisons to consider monthly conference calls.

#### **Budget Updates:**

Sean reported on the following:

- There is no news yet on the 2010-11 budget; negotiations continue. Nothing has been heard about any reductions to MHSA MOU funds;
- Sean asked that Departments inform liaisons if the new Governor's Budget provider for a new amount of MHSA dollars (via Budget Change Proposal).

#### **3. Presentations from BBS:**

See attachments

#### **4. Discussion: How is each agency developing a workforce to collaborate with the California Public Mental Health System?**

##### ***Administrative Office of the Courts***

The work plan of the Administrative Office of the Courts (AOC) does not specifically address activities related to the improvement and development of California's economy and workforce. Rather, the work plan for the AOC focuses on issues related to policy development within the judicial branch of government related to improving outcomes for mentally ill offenders, statewide support for mental health and co-occurring disorder courts, technical assistance to emerging mental health courts, research related to California's mental health court outcomes and costs, and training for mental health court staff and judicial officers.

However, studies indicate that the development and implementation of mental health courts has a direct impact on cost savings/cost avoidance at both the state and local levels. A RAND evaluation of a mental health court found that the mental health court program was associated with a \$5,948 decrease in jail expenditures over a two year period. A preliminary evaluation of a California mental health court found that, compared to the year before the client entered the mental health court program, average annual per criminal justice costs per mental health client were reduced by \$10,576. These costs have direct impacts on local budgets. In 2007-08, the average cost per patient in a state hospital was \$194,732. If even a small percentage of these clients can be restored to competency or otherwise treated in the community in conjunction with mental health court programs, the state will realize significant savings.

Many of California's mental health court programs require enrollment in GED or other educational programming, assessments for job readiness, and linkages to job training or supported employment programs. In partnership with a variety of community organizations, mental health courts help clients develop the skills that they need to either become employed or remain employed. Treatment, stable housing and employment are seen as being key ingredients to ensuring that adults and juveniles with mental illness who come into our courts, jails, and prisons can succeed in improving their situations in a way that, ultimately, will reduce the public costs of involvement in the criminal justice system.

### ***Board of Behavioral Sciences***

The Board of Behavioral Sciences' Mental Health Services Act (MHSA) efforts that are intended to assist with economic and workforce issues are as follows:

- Assist California's public mental health workforce to draw down millions of additional federal and other funding by:
  1. Identifying, analyzing and publicizing potential sources of funding (such as health care reform legislation, Cal-SEARCH);
  2. Partnering with Office of Statewide Health Planning and Development (OSHPD) and local stakeholders such as counties, universities, and professional associations to make their expertise available to OSHPD;
  3. Advocating to Health Resources and Services Administration (HRSA) to permit California's Licensed Clinical Social Workers (LCSW) who work in public mental health to qualify for federally funded loan repayment programs;
- Sponsored legislation to permit supervision required for licensure to occur via videoconferencing;
- Sponsored legislation to update requirements for Marriage Family Therapist (MFT) education to incorporate the principles and values of MHSA;
- Supported and currently working to implement legislation that created a new type of mental health professional, the Licensed Professional Clinical Counselor (LPCC);
- Advocated for language that includes the principles and values of MHSA in LPCC education.

### ***California Community Colleges Chancellor's Office***

How California Community Colleges Chancellor's Office MHSA Efforts are Contributing to Economy and Workforce

There are several ways in which the California Community Colleges Chancellor's Office is contributing to the improvement and development of California's workforce. First, the most direct contribution related to mental health issues is the resources obtained from private foundation funding from the Zellerbach Family Foundation (ZFF). This \$75,000 grant is to support the development, pilot testing, and implementation of a training program for faculty and staff about the mental health needs of student veterans. The major objectives of the training are to increase awareness about the signs and symptoms of post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and depression so that faculty and staff can better understand how these conditions might impact student success in the classroom and on campus. The training will be piloted at three Bay Area colleges and will also be provided at two statewide workshops or conferences.

In addition to the training program, resources will be developed for faculty and staff use after the training. These materials will include campus and community referral resources, additional reading about PTSD and TBI, and a quick reference guide to recognizing the major signs and symptoms of PTSD, TBI, and depression. These resources, as well as the curriculum that is used in the training, will be available to all California community colleges.

Because the majority of returning veterans are using their GI benefits at California community colleges, creating a welcoming environment that supports their academic success is critical. By implementing this training, we hope to see the following outcomes:

- Improvement in academic indicators for student veterans;
- Increase in knowledge among faculty and staff about mental health issues of student veterans;
- Increased knowledge about campus and community resources for student veterans;
- Student veterans experience a positive learning environment at California community colleges

By keeping student veterans in school, they are more likely to obtain an Associate's Degree or Certificate or transfer to a four-year university.

#### ***California Department of Education – Learning Support and Partnership Division***

The MHSA provides a new opportunity for the fields of education and mental health to work together to assist California's children and youth in achieving their educational and personal goals. Data shows that mental health issues can lead to school failure and dropping out as early as middle school. Students with persistent school attendance or school behavior problems may be impacted by unresolved mental health issues. The California Department of Education provides technical assistance to school staff and encourages the use of mental health representatives on school attendance review boards (SARBs). The representatives which meet with students and families when the normal avenues of school counseling do not resolve the situation. The Counseling, Student Support, and Service-Learning Office in the Learning Support and Partnerships Division is also currently developing professional development programs for school staff in identifying mental health issues, including youth suicide prevention. For more information about CDE's efforts to assist school districts with concerns about youth suicide prevention, please refer to <http://www.cde.ca.gov/ls/cg/mh/suicideprevres.asp>

#### ***California Department of Education - Special Education Division***

Mental Health Services Act (MHSA) efforts contribute to the child's positive experience and ability to participate in the future workforce. The CDE, SED, MHSA focuses on the creation of opportunities to gather and review current information from the field about existing collaborative partnerships between local educational and mental health agencies, which lead to the identification and promotion of effective, innovative programs and services that demonstrate proven best practices. Increased MHSA services and supports that result from effective collaborative partnerships between education and mental health, directly impact the special education student's achievement and the student's preparation to transition into the adult work world.

#### ***California Department of Veterans Affairs***

The California Department of Veterans Affairs (CDVA) is leveraging the MHSA funds (Prop 63) for multiple initiatives to connect California's 2.1 million veterans to services

and benefits. Funds are divided among concentrated counties with high veteran populations to the County Veterans Service Offices (CVSO), outreach and literature regarding mental health, suicide prevention and other various benefits to assist veterans, and two CDVA full-time employees that includes a Mental Health Coordinator and Manager. The direct effect of the distribution brings \$3.4 billion in claims paid to veterans, Medi-Cal cost avoidance for enrolling veterans into the VA healthcare system, State of California Veterans' Resource Book distribution to every newly discharged veteran returning to California, direct referrals to federal or county mental health professionals and employment assistance.

### ***Department of Alcohol and Drugs Programs***

The co-occurring disorders program (CODP) at the Department of Alcohol and Drug Programs (ADP) mission is Workforce Education and Development. Our goals are to provide information and program tools to people working in the industry through a variety of means, including postings on our website, [www.adp.ca.gov](http://www.adp.ca.gov) – look under Co-Occurring Disorders. We have a series of publications, the COD E-Circulars, which address how COD affects various population groups. The E-Circular's companion Tool Kits provide contact and educational links to services related to the appropriate COD E-Circular. We support the Co-Occurring Joint Action Council (COJAC) workgroup and committees in their work on policies and tools for use in the field of COD. With the CODP's assistance, COJAC produced two significant products that enhance the COD workforce's ability to provide COD services; the Funding Matrix, which details funding sources available for expanding COD treatment services, and the COJAC COD Screener, a short one-page intake screener to help identify candidates for a full COD evaluation.

The CODP recently finished a two-year pilot project on a workforce usable tool to analyze how ready an Alcohol and Other Drug (AOD) facility is to treat dually diagnosed clients. The Dual Diagnosis Capability in Addiction Treatment Index (DDCAT), a United States Substance Abuse and Mental Health Services Administration (SAMHSA) recommended a program analysis tool available from Dartmouth University at no cost on the internet. A series of DDCAT analyses showed that two-thirds of the recovery and treatment facilities in the pilot program were capable of providing basic COD services and that the top three showed capability at the highest ranked level of readiness. In addition to evaluating a program's readiness to treat COD clients, the design of the DDCAT provides a valuable reference tool on how to improve readiness by developing COD specific processes and assets. Companion Index tools are available for both mental health and primary health care facilities.

The CODP's newest project is a technical assistance request to SAMHSA's Center for Substance Abuse Treatment (CSAT) to provide training to AOD and COD providers in screening and assessment for COD. When available we will promote these workforce enhancing training opportunities to COD providers, the COD workforce, and the MHSA team.

### ***Department of Developmental Services***

*How is the Department of Developmental Services' Mental Health Services Act (MHSA) efforts contributing to the improvement and development of California's economy and workforce?*

The MHSA funds allow DDS to concentrate efforts on improving the care of consumers by overseeing innovative regional center training programs that focus on early intervention and treatment for children and families impacted by mental health issues, and treatment options for adults with a dual diagnosis.

### Economy

DDS' MHSA efforts are contributing to the improvement and development of California's economy by:

- Developing innovative training for professionals, families, and consumers to identify/recognize the signs of potential mental health issues and ensure consumers receive adequate and/or appropriate services. Consequently, this creates a cost-savings due to a decrease in and/or fewer unplanned psychiatric admissions and hospitalizations.
- Creating new or expanding existing job opportunities for local agencies contracting with the regional centers (RCs).

### Workforce

DDS' MHSA efforts are contributing to the improvement and development of California's workforce by:

- Breaking down barriers among professionals in cross-systems to assist in the effective delivery of services for our consumers.
- Identifying and addressing opportunities and obstacles towards improving the delivery systems at the local level by increasing the knowledge among RCs, county mental health agencies, social services, special education local plan areas, child protective services, and others.
- Providing best practice training for clinicians, other professionals, and direct service providers to enhance skills and abilities, thereby strengthening the workforce and expanding clinical and community capacity.
- Training over 2,200 professionals (clinicians, nurses, marriage and family therapists, occupational therapists, physical therapists, physicians, psychologists, social workers, speech and language pathologists, and others).
- Building an understanding of cross-systems, differences between levels of care, and working collaboratively to effectively serve our consumers.

### ***Department of Health Care Services - CalMEND***

Input on Workforce, Education and Training Activities -- MHSA State Partners

Program: *CalMEND (California Mental Health Care Management Program), Department of Health Care Services; prepared by Lois Williams, DHCS CalMEND Program Manager*

### Workforce:

The CalMEND Pilot, titled "Collaborative to Integrate Primary Care and Mental Health Services (CPCI)" is developing models for the mental health and primary care workforce cross-disciplinary/cross-organizational teams that are critical to demands for the workforce of the future, particularly within the context of healthcare reform, by:

- building and testing models and processes for implementing evidence based care for persons with co-occurring health/mental health conditions;
- building models for involving mental health consumers and family members in the design and implementation of integrated services;
- focusing on how counties (providers at various levels of primary care, behavioral/mental health, and substance use) may consider using peer-led support to expand/enhance workforce;
- building a sustainable infrastructure that will support the ongoing collaboration of staff working within county mental health, primary care and, as appropriate, substance abuse programs.

#### Economy:

CalMEND promotes savings in health care through mental health/primary care integration of services that result in more effective and efficient care, including a focus on preventive care, self-management, recovery, and wellness, with the ultimate goal of improving the quality of life for those with co-occurring serious mental illness and chronic disease, including extending life expectancy and productivity. CalMEND's approach to improving state health care systems is in keeping with administration plans to increase value-based approaches to health service issues, which will benefit Medi-Cal beneficiaries and the state and community programs that serve them. The goal is to implement improvements that shape critical change to improve health outcomes as an ongoing part of providing publicly-funded health care services.

#### ***Department of Rehabilitation***

Workforce Education and Training activities

DOR has added the MHSA funds to an ongoing Interagency Agreement (IA) between DOR and DMH. This allows DOR to use the MHSA funds as match to draw down Federal Vocational Rehabilitation (VR) funding at a ratio of 21.3% MHSA funds to 78.7% Federal VR funds. This allows DOR to bring additional Federal funds into the state to administer DOR/MH collaborative training and support.

Resources in the IA are used to fund training that supports local DOR/County Mental Health cooperative programs and other collaborative efforts to serve mutual consumers. The training focuses on the provision of vocational services to the MH population, and is intended to help improve services and outcomes of these local efforts. These local cooperative programs provide vocational rehabilitation services with the end goal of competitive employment for to mutual consumers of local DOR and County MH programs.

#### ***Managed Risk Medical Insurance Board***

MRMIB's works in partnership with its HFP health plans and county mental health departments to increase the utilization of mental health services by HFP children. Working to ensure that HFP children receive appropriate MH services to help them overcome their challenges contributes to the long-term productivity of the work force in California.

#### ***Office of Statewide Health Planning and Development - Shortage Designation Program***

The Shortage Designation Program (SDP) processes most Health Professional Shortage Area (HPSA) applications in a reactive fashion. Shortage Designation

Program (SDP) is processing Mental HPSA applications pro-actively. Processing pro-active Mental Health Professional Shortage Area (HPSA) designations allows SDP to reach out to the neediest of California's communities in rural, urban, and impoverished areas. SDP has identified 209 potential Mental HPSAs in California and there are currently 119 Geographic and 32 Population HPSAs designated in California. NHSC/FLRP program has reviewed and recommended approval of 128 eligible sites for placement of mental health professionals which providers can earn up to \$50,000 in loan repayment in return for two years of full-time service. If all 128 sites placed only one mental health professional, that would enable those sites to draw down \$3.2 million per year in federal funds.

***Office of Statewide Health Planning and Development – Foundation***

The Health Professions Education Foundation has stimulated California's economy and workforce in a variety of ways. The Foundation administers the Mental Health Loan Assumption Program (MHLAP) which recruits and retains qualified professionals in mental health and provides financial incentives for them to provide services in California's underserved areas. In Fiscal Year 2009-2010, the program received applications from more than 1,500 qualified professionals. Combined, these individuals carry more than \$55 million dollars in educational debt. 934 of these applicants were approved as meeting local workforce shortages and 309 were awarded nearly \$2.5 million to continue working in the Public Mental Health System for a period of one year. Of the 202 mental health professionals who have already completed their one-year service obligation to the MHLAP, 85% have indicated that they will continue to work in hard-to-fill/retain positions in the Public Mental Health System. In a post-program survey, award recipients proclaimed that this funding, made possible by the Mental Health Services Act, has allowed them to reduce stress and anxiety about debt, provide better services to mental health consumers, and to use their salaries for other causes such as further training in their field of expertise.

**5. Announcements:**

Peggy Fish announced that a new program is being introduced to offer a State Library card to county mental health employees throughout the state of California. County mental health employees who obtain a State Library card for affiliates will be able to access California State Library materials, including the DMH collection and selected databases.

**6. Next Meeting:**

Next meeting will be held in November at Administrative Office of the Courts.

**7. Meeting Adjourned**